



THE
NAVAJO
NATION

Employee Benefits Program
Health Insurance Survey



Ben Shelly
President

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Division: _____ Department: _____ Program: _____

The Navajo Nation Employee Benefits Program is conducting an employee benefits survey pertaining to the health insurance benefits and its Medical and Vision Care Programs, and the introduction of a Wellness Program. If you have any questions regarding this survey, please contact our office at (928) 871-6300. Your response is appreciated.

You may submit by scanned copy to rroanhorse@navajo-nsn.gov, by fax to (928) 871-6408, in person at Navajo Nation Shopping Center Plaza, Suite 13-A, in Window Rock, AZ, or by mail to PO Box 1360, Window Rock, AZ, 86515.

All surveys must be received by 5:00 p.m., Tuesday, October 30, 2012.

MEDICAL AND VISION CARE PROGRAMS

There are benefits within the medical and vision programs that have maximum dollar limits. How satisfied are you with the maximum limit amounts for:

1) Alternative Care (chiropractic, massage, acupuncture, hypnotherapy, holistic and naturopathic) of \$1,000 maximum *annual* per individual?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

2) Hearing Loss (evaluation, treatment, and equipment) of \$2,000 maximum *lifetime* per individual?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

3) Infertility/Sterility Testing or Treatment (evaluation and treatment) of \$5,000 maximum *lifetime* per individual?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

4) Native Healing (traditional ceremonies) of \$350 maximum *annual* per family?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

5) Sleep Disorders (evaluation and treatment) of \$1,500 maximum *lifetime* per individual?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

6) Vision Care Benefit of \$200 maximum *annual* per individual?

☐
☐
☐

Satisfied
Not Satisfied
Not Applicable

Comments _____

7) The health plan offers a LASIK Surgery benefit with a maximum lifetime limit of \$500 per individual. LASIK is a laser eye surgery designed to eliminate or reduce the need for glasses and contact lenses. How interested are you in the LASIK Surgery benefit?

<input type="checkbox"/>	Very Interested	Comments _____
<input type="checkbox"/>	Somewhat Interested	_____
<input type="checkbox"/>	Not Interested	_____

8) The Navajo Nation Employee Benefit Plan will be increasing the lifetime benefit amount for LASIK Surgery to \$1,500. How satisfied are you with the increase?

<input type="checkbox"/>	Satisfied	Comments _____
<input type="checkbox"/>	Not Satisfied	_____
<input type="checkbox"/>	Not Applicable	_____

9) Is the increase of the benefit amount a factor in your decision to elect LASIK surgery, if you are a candidate?

<input type="checkbox"/>	No	Comments _____
<input type="checkbox"/>	Yes	_____
<input type="checkbox"/>	Not Applicable	_____

WELLNESS PROGRAM

1) Which of the following activities would you most likely participate in if they were offered in your area, and how many times per week would you participate? (Make sure your totals are physically possible.)

<input type="checkbox"/>	Yoga Classes: _____ times per week	<input type="checkbox"/>	Pilates Classes: _____ times per week
<input type="checkbox"/>	Tai Chi Classes: _____ times per week	<input type="checkbox"/>	Meditation/Stress Reduction Classes: _____ times per week
<input type="checkbox"/>	Aerobic Classes: _____ times per week	<input type="checkbox"/>	Walking Event/Club: _____ times per week
<input type="checkbox"/>	Biking Event/Club: _____ times per week	<input type="checkbox"/>	Zumba Classes: _____ times per week
<input type="checkbox"/>	Team Sports: _____ times per week		
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Basketball
		<input type="checkbox"/>	Soccer
		<input type="checkbox"/>	Volleyball
		<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Nutrition or Cooking Classes: _____ time per year		
<input type="checkbox"/>	Healthy Foods Potluck: _____ times per year		
<input type="checkbox"/>	Other Health/Wellness Seminar: _____ times per year		
	Please specify types of health/wellness seminars you are interested: _____		
<input type="checkbox"/>	Other Activities (Please specify): _____		

2) Which health-related programs, off-site or on an individual basis, would you be interested in learning about (check all that applies)?

<input type="checkbox"/>	Smoking Cessation Program	<input type="checkbox"/>	Weight Loss Program
<input type="checkbox"/>	Cholesterol Screening	<input type="checkbox"/>	Blood pressure Screening
<input type="checkbox"/>	Chronic Disease Management Program	<input type="checkbox"/>	Healthy Eating Program
<input type="checkbox"/>	Exercise Plan Program	<input type="checkbox"/>	Weight Management Program
<input type="checkbox"/>	Stress Management Program	<input type="checkbox"/>	Other (please describe): _____

3) The best time of the day or week for you to participate in Classes or Group Activities are:

<input type="checkbox"/>	Mornings (5:00 a.m. – 7:30 a.m.)	<input type="checkbox"/>	Weekdays-Monday through Friday
<input type="checkbox"/>	Afternoons (11:00 a.m. – 12:30 p.m.)	<input type="checkbox"/>	Weekends-Saturday and Sunday
<input type="checkbox"/>	Evenings (5:30 p.m. – 8:00 p.m.)	<input type="checkbox"/>	Saturday Only
		<input type="checkbox"/>	Sunday Only
		<input type="checkbox"/>	Other _____

4) How interested are you in choosing healthy snacks at work (such as granola, yogurt, veggie sticks, or fresh/dried fruit)?

<input type="checkbox"/>	Very Interested
<input type="checkbox"/>	Somewhat Interested
<input type="checkbox"/>	Not Interested

5) How interested are you in taking breaks during the day to stretch, meditate, or take a short walk?

<input type="checkbox"/>	Very Interested
<input type="checkbox"/>	Somewhat Interested
<input type="checkbox"/>	Not Interested

6) How interested are you in taking part in a meeting held during an office organized walk, rather than sitting down?

- ☐ Very Interested
☐ Somewhat Interested
☐ Not Interested

7) How interested are you in eating healthy snacks during office organized meetings?

- ☐ Very Interested
☐ Somewhat Interested
☐ Not Interested

8) In the past year, have you made any of the following health-related lifestyle changes (check all that applies):

- ☐ Become more physically active
☐ Prepare more healthy meals
☐ Prepare more healthy snacks
☐ Reduce alcohol consumption
☐ Reduce tobacco use (smoking or chewing)
☐ Reduce Family Stressors
☐ Reduce Work Stressors
☐ Reduce Personal Stressors

9) How interested are you in helping develop a workplace wellness program and volunteering in a Wellness Committee?

- ☐ Very Interested
☐ Somewhat Interested
☐ Not Interested

If interested, do you have any health-related expertise?

- ☐ No
☐ Yes Please specify: _____

10) Which of the following do you prefer to receive information about a wellness program?

- ☐ Office Email Address
☐ Personal Email Address
☐ Printed Fliers or Newsletter
☐ Website
☐ Designated Bulletin Board
☐ Presentation at Staff Meetings

11) Does the program you are employed with permit participation in a wellness program or health-related benefit programs during business hours?

- ☐ No
☐ Yes Please describe: _____

12) How interested are you in Payroll Deduction for gym or fitness membership fees?

- ☐ Very Interested
☐ Somewhat Interested
☐ Not Interested

RECOMMENDATIONS

Please comment on any recommendations you may have for improving the Navajo Nation Employee Benefits Plan.
